



CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

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FAIR POLITICAL
COVER PAGE
COMMISSION

2013 MAR -6 AM 9:13

2013 MAR 11 AM 11:09

CITY CLERK DEPARTMENT
CITY OF THOUSAND OAKS

Please type or print in ink.

NAME OF FILER (LAST)

PRICE

JOEL

1. Office, Agency, or Court

Agency Name

CITY OF THOUSAND OAKS

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCILMEMBER (3/27/12 - 12/31/12)

► If filing for multiple positions, list below or on an attachment.

Agency: CITY OF THOUSAND OAKS

Position: PLANNING COMMISSIONER (1/1-3/9/12)

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of THOUSAND OAKS

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is ____/____/____, through December 31, 2012.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ Candidate: Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

2/25/13

(month, day, year)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Joel Price

► NAME OF SOURCE (Not an Acronym)
 Best Best & Krieger LLP

ADDRESS (Business Address Acceptable)
 300 S. Grand Ave., 25th Floor, L.A. CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 06 / 12	\$ 231	Annual Client Dinner
/ /	\$	for self and spouse
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____